DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 02 — 00 2

2. STATE: ALABAMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
Title XIX of the Social Security Act

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
June 14, 2002

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 C.F.R. 430 Subpart B

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 $ 350,000.00
b. FFY 2003 $ 350,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A page 2.6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to specify that physician visits provided in an outpatient setting that have been certified as an emergency will not count against the benefit limit of 14 per calendar year.

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Governor's designee on file via letter with CMS.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Mike Lewis

13. TYPED NAME:
Mike Lewis

14. TITLE:
Commissioner

15. DATE SUBMITTED:
February 19, 2002

16. RETURN TO:
Mike Lewis
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
February 26, 2002

18. DATE APPROVED:
July 30, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
June 14, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:
Rhonda R. Cottrell

21. TYPED NAME:
Rhonda R. Cottrell

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

FORM HCFA-179 (07-92)

Instructions on Back

5a. **Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.**

Effective Date: 06/14/02

1. Physician visits in offices, hospital outpatient settings, nursing facilities, and Federally Qualified Health Centers and Rural Health Clinics. Within each calendar year each recipient is limited to no more than a total of 14 physician visits in offices, hospital outpatient settings, nursing facilities, or Federally Qualified Health Centers, or rural health clinics. Visits counted under this quota will include, but not be limited to, visits for: prenatal care, postnatal care, family planning, second opinions, consultations, referrals, psychotherapy (individual, family, or group), and care by ophthalmologists for eye disease. Physician visits provided in a hospital outpatient setting that have been certified as an emergency do not count against the physician benefit limit of 14 per calendar year.

Effective Date: 01/01/92

2. Physician visits to hospital inpatients. In addition to the 14 physician visits referred to in paragraph a. above, Medicaid covers up to 16 inpatient dates of service per physician, per recipient, per calendar year. For purposes of this limitation, each specialty within a group or partnership is considered a single provider.

Effective Date: 10/01/94

3. Psychiatric evaluations or testing. These are covered services when medically necessary and given by a physician in person. Psychiatric evaluations or tests are limited to one per recipient, per physician, per calendar year. These visits are counted as part of the yearly quota of 14.

4. Psychotherapy visits. These are covered services when medically necessary and given by a physician in person. These visits are counted as part of the yearly quota of 14.

5. Group therapy. This is a covered service when the patient has a psychiatric diagnosis and the therapy is prescribed and performed by a physician in person. These visits are counted as part of the yearly quota of 14.

6. Family therapy. This is a covered service when medically necessary for a recipient with a psychiatric diagnosis. These visits are counted as part of the yearly quota of 14 for the recipient with the psychiatric diagnosis.